

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Attorney Docket Number	9257
First Named Inventor	ROBERT A. SUTHERLAND ET AL
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL CONVERTER FLEX ASSEMBLIES

the specification of which

☐ is attached hereto OR

☐ was filed on (MM/DD/YYYY)

(Title of the Invention)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

		YES	NO
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:		<input type="checkbox"/>	<input type="checkbox"/>
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.			
Application Number(s)	Filing Date (MM/DD/YYYY)		
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it contains

PTO/SB/01 (12-97)

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	3-12-2001	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Bruce H. Johnsonbaugh	24,982		
John P. Wooldridge	38,725		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Bruce H. Johnsonbaugh				
Address	Eckhoff, Hoppe, Slick, Mitchell & Anderson				
Address	Four Embarcadero Center, Suite 760				
City	San Francisco	State	CA	ZIP	94111
Country	US	Telephone	415-391-7160	Fax	415-391-7164

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Robert A.		Sutherland	
Inventor's Signature			
Residence: City	State	Country	Date
Post Office Address	Citizenship		
Post Office Address			
City	State	ZIP	Country

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	James	Middle Initial	S.	Family Name	Sacks	Suffix <small>e.g. Jr.</small>	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Eric	Middle Initial	B.	Family Name	Grann	Suffix <small>e.g. Jr.</small>	
Inventor's Signature					Date		
Residence: City	San Ramon	State	CA	Country	US	Citizenship	US
Post Office Address	331 East Ridge Drive						
Post Office Address							
City	San Ramon	State	CA	Zip	94583	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Kenneth	Middle Initial	R.	Family Name	Herrity	Suffix <small>e.g. Jr.</small>	
Inventor's Signature					Date		
Residence: City	Milpitas	State	CA	Country	US	Citizenship	US
Post Office Address	120 Dixon Landing Road, #161						
Post Office Address							

City	Milpitas	State	CA	Zip	95035	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jeffrey	Middle Initial	A.	Family Name	Griffis	Suffix <small>e.g. Jr.</small>	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Frank			Middle Initial	W.	Family Name	Jacobson		Suffix e.g., Jr.	Jr.
Inventor's Signature							Date			
Residence: City				State		Country			Citizenship	
Post Office Address										
Post Office Address										
City				State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Middle Initial		Family Name			Suffix e.g., Jr.	
Inventor's Signature							Date			
Residence: City				State		Country			Citizenship	
Post Office Address										
Post Office Address										
City				State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Middle Initial		Family Name			Suffix e.g., Jr.	
Inventor's Signature							Date			
Residence: City				State		Country			Citizenship	
Post Office Address										
Post Office Address										
City				State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Middle Initial		Family Name			Suffix e.g., Jr.	
Inventor's Signature							Date			
Residence: City				State		Country			Citizenship	
Post Office Address										
Post Office Address										
City				State		Zip		Country		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Middle Initial		Family Name			Suffix e.g., Jr.	
Inventor's Signature							Date			
Residence: City				State		Country			Citizenship	
Post Office Address										
Post Office Address										
City				State		Zip		Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto										